

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

WEX

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EAR STATE OF MANAGE

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I LOBBYIST **TELEPHONE** (Middle) (First) NAME (Last) 537-2598 Wong, Sandra-Ann Y.H. FAX MAILING ADDRESS (Street) 537-2598 1050 Bishop Street, #514 (Zip Code) (State) (City) 96813 Hawaii Honolulu **TELEPHONE** EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) 537-2598 Sandra-Ann Y.H. Wong, AAL, ALC FAX MAILING ADDRESS (Street) 537-2598 1050 Bishop Street, #514 (Zip Code) (State) (City) 96813 Hawaii Honolulu

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Dowling Company, Inc.	(808) 244-1500		
MAILING ADDRESS (Street)	FAX		
2005 Main Street	(808) 242-2777		
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Kelii Gomez		(808) 244-1500	
MAILING ADDRESS (Street)		FAX	
2005 Main Street		(808) 242-2777	
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
, Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICAT	TION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Sandre M. H. War					
man 1					
	(Signature of Lobbyist)		(Date)		
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PART V AUTHORIZATION TO LOBBY TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTATION.					
NAME			ORIZING OFFICER OR PERSON REPRESENTED		
Everett R. Dowling		President			
	(if applicable)		TELEPHONE		
NAME OF ORGANIZATION (if applicable)			(808) 244-1500		
Dowling Company, In	IU.		,		
MAILING ADDRESS (Street)			FAX		
2005 Main Street			(808) 242-2777		
(City)	(State)		(Zip Code)		
Wailuku	Hawaii		96793		
I harahy withoriza	the above - named person to	engage in lobbying activities o	on behalf of the undersigned.		
I flereby authorize	Maybe rigined person to		-25-07		
- / MM ()	of Authorizing Officer or Person Repl	resented)	(Date)		